# U.S. MICRO-SOLUTIONS, INC. * 475-C WILLOW CROSSING ROAD * GREENSBURG, PA 15601

**PHONE (724) 853-4047 FAX (724) 853-4049 AIHA EMLAP # 103009**

## PHARMACY / CLEANROOM LABORATORY TEST REQUEST/CHAIN OF CUSTODY

PAGE____OF_____

| | | | |
|---|---|---|---|
| CUSTOMER NAME: | TELEPHONE #: | | FAX #: |
| ADDRESS: | CITY: | STATE: | ZIP CODE: |
| ATTENTION TO: | FAX RESULTS (Circle One) EMAIL RESULTS | | PROPOSAL NUMBER: |
| SAMPLE OBTAINED BY: | E-MAIL: | | |
| PROJECT NAME/NUMBER: | PO NUMBER: | | |
| # SAMPLES: | | | |

| SAMPLE NUMBER | SAMPLE DATE | SAMPLE LOCATION AND DESCRIPTION | ISO CLASS NUMBER | TOTAL SAMPLE VOLUME | SAMPLE DESCRIPTION (X) | | | | | ANALYSIS REQUESTED (X) | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Air Plate: BioTest, SAS, M Air T | Contact Plate: | Finger Tip Plate: | Swab: | Other: Please list | Fungal Count & Genus ID: | Bacterial Count & Genus ID: | Other: | |
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| RELINQUISHED BY (MUST SIGN) DATE AND TIME | RECEIVED BY (MUST SIGN) DATE AND TIME | RELINQUISHED BY (MUST SIGN) DATE AND TIME |
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**LAB USE ONLY**

| DATE/TIME RECEIVED IN LAB: | SIGNATURE: | LABORATORY #: | DATE OF TEST SET UP: | SIGNATURE: |
|---|---|---|---|---|
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**Samples Acceptable: _____** **Samples Unacceptable - See Discrepancy Log: _____** **SAS Sampler Rental _____**

**Creation Date: 07/2011**